



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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CALVIN C. REMINGTON
Interim Chief Probation Officer

September 12, 2016

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Calvin C. Remington 
Interim Chief Probation Officer

SUBJECT: **TRINITY YOUTH SERVICES GROUP HOME CONTRACT
COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Trinity Youth Services (TYS), operated by Trinity Youth Services, Inc., in February 2016. Currently, TYS consists of three (3) Group Home sites: El Monte, Apple Valley, and Yucaipa. The previous fourth site, Trinity-Norco, was permanently closed in August 2015. The Trinity-El Monte site is located in the First Supervisorial District of Los Angeles County; the Trinity-Apple Valley site is located in the First Supervisorial District of San Bernardino County; and the Trinity-Yucaipa site is located in the Third Supervisorial District of San Bernardino County. TYS provides services to Los Angeles County Probation foster children and Probation foster children from outside counties. TYS does not currently provide services to foster children with the Department of Children and Family Services (DCFS). According to TYS's program statement, its purpose is to provide treatment to male youth who exhibit behavior, social and emotional difficulties.

The Trinity-El Monte site has 43 beds, the Trinity-Apple Valley site has 44 beds, and the Trinity-Yucaipa site has 48 beds. At the time of review, TYS was serving 82 Los Angeles County Probation foster children and 31 Probation foster children from outside counties. Based on the sample size, the placed children's overall average length of placement was five (5) months, and their average age was 15 years old.

Seven (7) Probation children from the three (3) TYS sites were selected for the interview sample. There were five (5) Probation children in the sample who were

prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) Probation discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at all three (3) TYS sites, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. TYS was in compliance with six (6) of the 10 areas of our Contract Compliance Review: Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

PPQA/GHM noted deficiencies in four (4) out of the 10 areas, and although there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were found in three (3) of the same areas; however, in the areas of "Licensure/Contract Requirements", "Facility and Environmental", and "Maintenance of Required Documentation and Service Delivery", the deficiencies were of a different nature from the last review period. In the area of "Licensure/Contract Requirements", Trinity-Apple Valley needed to ensure that the two (2) rear tires with low thread wear on one (1) transportation vehicle are replaced and that the agency is in compliance with CCL, Title 22 Regulations, and remain free of future citations. It was noted in the area of "Facility and Environment" that Trinity-Apple Valley needed to repair a large crack on the wall, replace a cracked faucet handle and damaged faucet, repair a broken mirror frame, and replace a missing shop light lens cover, and Trinity-El Monte needed to replace a cracked right faucet handle. It was noted in the area of "Maintenance of Required Documentation and Service Delivery" that Trinity-El Monte and Trinity-Apple Valley needed to ensure that the children are progressing towards meeting their Needs and Services Plan (NSP) case goals and develop comprehensive Initial and Updated NSPs.

Deficiencies were also noted in the area of "Educational and Workforce Readiness", in that, all three (3) TYS Group Home sites needed to ensure that the children's academics or attendance increases.

REVIEW OF REPORT

On April 21, 2016, Probation PPQA Monitor Leng Lim held an Exit Conference with Trinity-Apple Valley Administrator Anthony Bush, Trinity-El Monte Administrator Jim Adams, and Trinity-Yucaipa Administrator Gilbert Quinbar. Administrators Bush,

Adams, and Quinbar all agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

TYS provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on April 26, 2016, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, due to the same repeated deficiencies, a quarterly follow up will be conducted to ensure the agency's adherence to their CAP in these areas, specifically NSPs. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

CCR:FC
LCM:ae

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Jim Adams, Program Director, Trinity Youth Services-El Monte
Gil Quinbar, Program Director, Trinity Youth Services-Yucaipa
Anthony Bush, Program Director, Trinity Youth Services-Apple Valley
Community Care Licensing

**OPTIMIST YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Main Campus (Boys)

License Number: #191801986

Rate Classification Level: 12

Valley Group Home (Girls)

License Number: #197600766

Rate Classification Level: 12

Eagle Rock Group Home (Girls)

License Number: #191890971

Rate Classification Level: 12

Valley Group Home (Boys)

License Number: #191201124

Rate Classification Level: 12

South Bay Group Home (Boys)

License Number: #191604301

Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: March 2016
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	Full Compliance (ALL)
II	<u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance

	5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Needs Improvement
IV	<u>Educational and Workforce Readiness</u> (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	<u>Health and Medical Needs</u> (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	<u>Psychotropic Medication</u> (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities	Full Compliance (ALL)

	9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	<u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements) 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Full Compliance
IX	<u>Discharged Children</u> (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	<u>Personnel Records</u> (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. <u>All</u> Required Training	Full Compliance (ALL)

**OPTIMIST YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The purpose of this review was to assess Optimist Youth & Family Services' compliance with the County contract and State regulations and include a review of the Optimist Youth & Family Services program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven (7) placed children were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, four (4) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed, to assess Optimist Youth & Family Services compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following three (3) areas were out of compliance.

Facility and Environment

An inspection of the interiors and exteriors of Optimist Youth & Family Services revealed some cosmetic deficiencies that require correction.

The children's bedrooms at the "Main Campus" site were inspected. In Dorm "A", bedroom #3 had a ripped window screen. In Dorm "B", bedrooms #4 and #7 had graffiti on the closet. In Dorm "C", bedroom #2 had graffiti on the closet and on the laundry basket and bedroom #8 had graffiti on the laundry basket. In Dorm "E", bedroom #5 had graffiti on the closet and bedroom #7 had a dirty hamper. At the Independent Living Program (ILP) #4, bedroom #2 had a loose window screen. In ILP #6, bedroom #3 had graffiti on the desk.

The "Valley" Group Home site had an unstable desk in bedroom #1 and broken blinds in bedroom #2.

In the common area at the "Van Nuys" Group Home site there was a leaking faucet in bathroom #2.

In the exterior area at the "Eagle Rock" Group Home site, there was loose rock on the patio.

Recommendation

Optimist Youth & Family Services management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Exterior, not already been repaired, are completed in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."
2. All of the aforementioned physical deficiencies cited in the Common Area, not already repaired, are completed in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."
3. All of the aforementioned physical deficiencies cited in the Children's Bedrooms, not already repaired, are completed in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."

Maintenance of Required Documentation and Service Delivery

During review of seven (7) children's NSPs, one (1) child's NSPs revealed that there were three (3) NSPs that had "initial plan" checked, although only one NSP was actually the "initial." On the same child's NSP, it was revealed that "Legal

Guardianship" was marked for both the Case Plan Goal and Concurrent Case Plan Goal in error.

Recommendation

Optimist Youth & Family Services management shall ensure that:

1. All Updated NSPs are developed in a comprehensive manner and that all children's files are thoroughly reviewed for errors ensuring that all appropriate boxes are checked.

Personal Needs/Survival and Economic Well-Being

During the interview process, one (1) of the seven (7) children stated that, when clothes shopping, he was only allowed to take \$100.00 dollars out for clothes shopping, although he had more money in his clothing allowance balance. The child stated that he asked staff for additional money for shoes, but was denied.

Recommendation

Optimist Youth & Family Services management shall ensure that:

1. All children are free to manage their allowances and freely spend their clothing allowance provided there is a balance in their clothing allowance account.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated October 20, 2015, identified five (5) recommendations.

Results

Based on the follow-up, Optimist Youth & Family Services fully implemented two (2) of the five (5) previous recommendations for which they were to ensure that:

- All children's files have accurate clothing allowance records, which are to include a current ledger accounting, with columns for place where clothing was purchased, income, disbursements, and a balance for each child. Dorm Supervisors and Group Home Managers are to attach all clothing receipts with the child's allowance log, as well as submitting them to the accounting department.

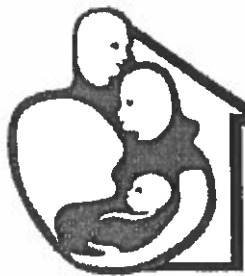
- All children are provided with a timely thorough physical examination by a medical doctor within 30 days of being placed at the Group Home, in accordance with the CCL, Title 22 standards.

However, the follow-up discovered that Optimist Youth & Family Services failed to fully implement three (3) of the previous five (5) recommendations for which they were to ensure that:

- The exterior area of one of the Group Homes had a loose rock on the patio
- The Common Area of one of the Group Homes had a leaky faucet.
- The interior and bedrooms of the Group Homes still had graffiti in the closets or desk. Also, one bedroom had a ripped screen, and one bedroom in a Group Home had an unstable desk.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Optimist Youth and Family Services by the Auditor Controller is not on schedule for the 2015-2016, fiscal year.



Serving Youth Since 1906

OPTIMIST

Youth Homes & Family Services

Silvio John Orlando, ACSW
Executive Director

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Los Angeles County Probation Department
Group Home Monitoring Unit and Investigations Unit
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11701 South Alameda St. 2nd Floor
Lynwood, CA 90262

Accreditations & Affiliations



June 3, 2016

Corrective Action Plan for Site Visit February 23-25

Dear DPO Ninofranco:

Thank you so much for your site visit in February. It is always a pleasure working with you!

Please find attached our corrective action plan.

If you have any questions or concerns, feel free to contact me.

Sincerely,

Maria Bhattachan, Director of Quality Improvement

CC: Sil Orlando, Mary Frances Hudson, Pamela Pease

Corrective Action Plan for Site Visit: February 23-25

II. FACILITY AND ENVIRONMENT

Findings (10-12):

Main Campus:

ILP4/R2 has a loose window screen; ILP6/R3 has graffiti on desk, Dorm C/ R2 has graffiti inside armoire and on laundry basket; Dorm C/R4 has a broken desk arm; Dorm E/ R5 has graffiti on armoire and R7 has dirty laundry basket; Dorm A/R3 has a ripped window screen; Dorm B/R4 and R7 have graffiti on armoires.

Eagle Rock Group home: A loose rock was found on the patio.

Valley Group home: R1 has an unstable desk and R2 has broken blinds.

Van Nuys Group home: A leaking faucet in bathroom #2.

Corrective Action Plan:

All issues mentioned above were repaired on or before Thursday 3/10/2016. Please see complete list with dates attached (attachment #1).

Our residential director discussed the replacing of laundry baskets and the immediate reporting of graffiti and damaged furniture to Maintenance with his supervisors as well, please see attached notes (attachment #2).

To prevent more graffiti to accumulate, our staff will continue to do daily room checks and make the youth accountable for their destructive behavior.

In addition, staff will continue to do monthly environmental rounds which are followed by quarterly environmental rounds done by our quality improvement department.

Our agency agrees that graffiti is an ongoing issue, and we ensure the County that we try our best to prevent it from happening. Given the size of our agency (a campus housing up to 85 youth and 4 6-bed group homes), the few issues mentioned above are showing that we have overall very well maintained facilities.

III. MAINTENANCE OF REQUIRED DOCUMENTATION & SERVICE DELIVERY

Finding (24):

One child's NSP and quarterly reports were all marked "Initial Plan" and case plan and concurrent case plan goal was both marked "legal guardianship".

Corrective Action Plan:

Therapists have been reminded to be more diligent in marking the appropriate fields, please see note attached (attachment #3). In addition, clerical staff who are auditing

Optimist Youth Homes & Family Services, Los Angeles, CA

the files for accuracy were reminded to check these fields for accuracy as well, see audit tool attached (attachment #4). The clinical supervisors are ultimately responsible to ensure compliance.

VIII. PERSONAL NEEDS AND ECONOMIC WELL-BEING

Finding (51):

One child stated that he was not allowed to take \$100 out of his clothing allowance.

Corrective Action Plan:

In this case, the child wanted to check out all his clothing money to give it to his family during his home pass. Staff used prudent parenting to ensure he would have some money left for himself when he wanted to purchase clothing. This issue was discussed with him, unfortunately, we don't have the documentation. Staff failed to document this conversation in the dorm log or directly on the allowance log sheet.

In general, our staff are trained in using prudent parent standards. They consider the total money a child has in his/her account, as well as the clothing they already have and the family circumstances (some parents bring a lot of clothing others bring none, this has to be considered when the children want to make "special" purchases). Our residential director reminded his supervisors to discuss prudent parenting standards with their staff and ensure that staff explain the children clearly why they are not able to take out the amount of money they like, but also ensure that staff will come up with a plan to enable the child to purchase what they want at a later time when they have a little more cash resources. Staff were also reminded to document conversations and plans like this. Please see notes attached (attachment #2).



Maria Bhattachan, Director of Quality Improvement

6/3/2016

Date



Sil Orlando, Executive Director

6/3/2016

Date